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ABSTRACT

This booklet provides examples of how students have been helped through the provision of school-based health care. The stories, submitted by principals, school nurses, nurse practitioners, doctors, health center directors, and students, illustrate the pressing health problems faced by students today. The problems addressed in these personal narratives are asthma, depression, tooth decay, leukemia, grieving, nutrition, vision problems, hypertension, and ear infections. The narratives relate how these problems affect a child's health status, time in the classroom, and ultimately, their academic achievement. Introductory information and a contact name and phone number are provided for each story. A rationale and suggestions for evaluating school-based health center programs are included. An appendix lists the members of the National Health and Education Consortium and gives an overview of the Consortium's goals. (Author/KDFB)

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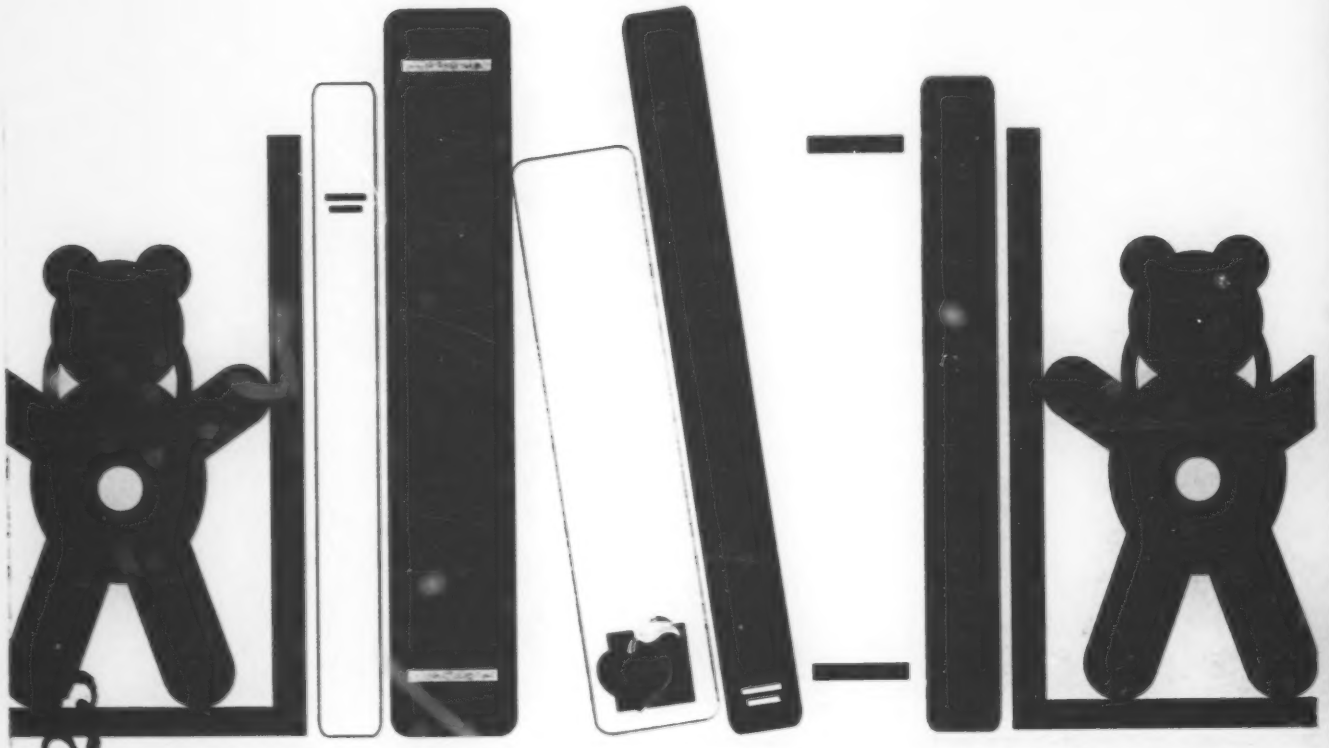
Success Stories

How School Health Centers Make a Difference



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Foreword

The National Health & Education Consortium (NHEC) hopes that this report, the second in a series of "success stories," will help you understand how school health centers make a difference in students' lives. These true stories tell *who* centers help and *how* they do it.

A Word to Policy Makers: School-based health centers are cost-efficient and they are effective. They provide care to children where they are — in the school. They provide that care at a time when prevention can make the most difference — early on. We hope that this report will be helpful to you as you seek to better understand how school health centers promote children's optimal health status and ability to learn.

A Word to Educators: In these pages you will find compelling rationale for why your school and its students can benefit from a school-based health center. The tales of improved hearing, controlled asthma, appropriate mental health counseling, and many others all add up to a goal you share in common with health care providers: healthier children able to make the most of their education and able to be in school more often with fewer distractions.

A Word to Health Care Practitioners: NHEC believes that every school-based health center has an important story to tell and we encourage all centers to share their own "success stories." If the school-based health center movement is to fully establish itself, centers must sell their own successes; centers must communicate their impact on children's health status and their academic achievement. In a time of increasing financial pressures, decision-makers are looking to programs that document their impact, and educators are looking for help keeping students healthy and in the classroom.

We know that school-based health centers are one way to assist students and their schools ... it is everyone's job to be sure the message gets out. These stories are just an introduction to volumes of success in schools across the nation.

Sincerely,

Tamara Lucas Copeland

Tamara Lucas Copeland
Director

Abstract

Success Stories: How School Health Centers Make a Difference provides examples of how students have been helped through the provision of school-based health care. These stories, submitted by principals, school nurses, nurse practitioners, doctors, health center directors and even students themselves, vividly illustrate the pressing health problems faced by children today: asthma, depression, tooth decay, ear infections and more ... all problems that affect a child's health status, time in the classroom and, ultimately, their academic achievement. Introductory information and a contact name and number are provided for each story.

Success Stories is part of the National Health & Education Consortium's publications series on elementary school-based health care and the second of two reports documenting stories of success by school-based health centers.

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Background

Nestled in the rural town of Towanda, Pennsylvania, the K-4 complex is surrounded by a low socioeconomic community that is home to many single-parent families. Like too many such towns, Towanda has more than its tragic share of health woes. In addition, the community lacks public transportation, creating numerous barriers to obtaining access to many services, including health care.

The Towanda Area School District enrolls 2,200 students each year. In 1992, the school board met to establish a school-based health center that would serve the elementary students in the community. Staffed by a nurse practitioner, social worker, and secretary, the center began its services in 1993.

"Although dental problems don't command the instant fears associated with low birth weight, fetal death or cholera, they do have the consequences of wearing down the stamina of children and defeating their ambitions. Bleeding gums, impacted teeth and rotting teeth are routine matters . . . Children get used to feeling constant pain. They go to sleep with it. They go to school with it . . . Children live for months with pain that grown-ups would find unendurable. The gradual attrition of accepted pain erodes their energy and aspirations . . . most shocking is to see a child with an abscess that has been inflamed for weeks and that he has simply lived with and accepts as part of the routine of life."

— Jonathan Kozol, *Savage Inequalities: Children in America's Schools*

My Tooth Hurts

Just as physical and mental health have a strong impact on the learning abilities of children, so, too, does oral health. Today, dental decay is one of the most common diseases found in children. Students suffering from poor oral health may experience low self-esteem, nutritional imbalances, high absenteeism, and poor concentration in the classroom. As this story describes, children must have access to proper dental care if they are to remain healthy and productive in the classroom.

On a typical day in Towanda, Pennsylvania last year, five year old "Peggy" was so uncomfortable that she could not eat her lunch. She was brought to the school-based health center at lunchtime complaining, "My tooth hurts!" A physical exam of Peggy's mouth revealed hot, swollen gum tissue surrounding one decayed tooth. After the exam, the center's nurse practitioner suspected that the little girl had a dental abscess caused by severe cavities.

The center immediately contacted Peggy's mother by phone. Peggy's mom had no insurance and — although she had looked for one — she had been unable to find a dentist who would care for her daughter. She quickly gave permission for the center staff to give Peggy a pain reliever every day so that she could at least eat her lunch.

That same day, Peggy was sent home with a prescription for an antibiotic to temporarily treat her abscessed tooth. In addition to helping Peggy feel better, the nurse practitioner referred her mother to the center's social worker to begin addressing the problem of getting her daughter access to dental care.

Fortunately, the social worker determined that Peggy was eligible for a subsidized Child Health Insurance Program. In addition, the center found a pediatric dentist in a nearby state who was willing to accept Peggy as a patient. To ease the financial burden on Peggy's mother, the center's social worker also helped arrange the transportation needed to get Peggy to the dentist. At the dentist's office, Peggy had the abscess treated, some teeth pulled, and still others restored. After a long period of serious dental problems, this young student was ready to focus on enjoying school and learning again, without pain.

Submitted by:
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Breathing Easier

Recent research has identified growing rates of asthma prevalence, identifying inner cities as areas of high asthma morbidity and *mortality. As this story shows, school-based health centers make for convenient locations where health care providers who are familiar with children and their neighborhoods can make accurate and timely diagnosis of asthma and provide low-cost treatment to at-risk families.*

During the most recent school year, "Tony," a seven-year-old student, was brought to the center by his teacher after complaining of shortness of breath and chest pain during class. After examination by the nurse practitioner, the boy was found to be wheezing and showing respiratory distress. To provide him with relief, the nurse practitioner administered a nebulizer[4] treatment, which helped his breathing, and sent the student home with appropriate medications.

As follow-up to the nebulizer treatment, the center staff met with Tony's mother to determine his medical history. As it turned out, he had a long history of asthma. In fact, Tony had been under a physician's care until one year earlier when his mother started working and — due to her increased income — lost the medical assistance coverage that had paid for his care. Her current contractual job did not provide health benefits.

Harford Heights School Health Center has become Tony's primary source of health care. He receives acute asthma treatment, asthma care management, and health education. Because the health center is located within the school, staff have been able to monitor Tony's asthma, averting several trips to the emergency room. The center also provides prescription medication necessary for asthma treatment that would otherwise be a financial hardship to Tony's mother. Moreover, Tony has been referred to a local asthma program that provides him asthma education, makes home visits by an outreach worker three times a year, and offers assistance to his mother in applying to a Maryland pharmacy assistance program. The home visits address issues such as educating Tony's parents about asthma, supplying plastic covers for the beds to alleviate inhalation of fibers that trigger asthma, bringing in a local extermination company that has donated its services, and connecting telephone service so that his parents can contact emergency services in the event of a home asthma emergency.

This year, Tony will also receive a scholarship to attend a summer asthma camp. The health center's location, expertise and referral services have helped this young student and his family ease the transition from insured to uninsured status, averted asthma crises, managed Tony's chronic care needs, and helped make a difference in his home environment as well.

Submitted by:
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Background

Located in east Baltimore, MD, Harford Heights School Health Center serves 1,600 elementary school students from an inner-city area characterized by substance abuse, single parent families and community violence. The center was established by the Baltimore City Health Department in the spring of 1994 as a result of a "Healthy Schools, Healthy Communities" grant award from the federal Bureau of Primary Health Care. The center is staffed by a nurse practitioner, school nurse, health assistant, medical office assistant, mental health workers, and substance abuse counselors and is supported by the principal and faculty. The Harford Heights School Health Center is able to provide medication to enrolled students who lack health insurance at no cost through monies received through "Healthy Schools, Healthy Communities."

Asthma is on the rise in the United States — and in other nations. Visits to doctors' offices for asthma increased 50 percent between 1980 and 1994. As of 1990, the cost of illness associated with asthma — which affects an estimated 14 million people — was estimated at $6.2 billion. During 1993-94 there were 1.6 million asthma visits to hospital emergency departments. Asthma is a chronic disease, ranking fourth among all causes for repeat visits to physicians, and is the fourth most frequently reported morbidity-related diagnosis for people under 15 years of age. In fact, children represent the largest proportion of asthma case loads for office-based physicians, hospital out-patient departments and emergency rooms.[1] Since 1981, the childhood death rate from asthma has doubled.[2] Asthma is one of the leading causes of school absenteeism.[3]

Background

Western Otsego County in New York is not thriving in today's economy. Traditionally a dairy farming county, Western Otsego increasingly sees its farming families struggling to survive in a consolidating market. As a result of tough economic times, in several of the county's school districts between 25%-30% of the student body is either on Medicaid or uninsured — rates reminiscent of inner-city school systems. Well over 30% of students receive free or reduced price lunches. In addition, most areas of the county are classified as health manpower shortage areas. Surviving, but not thriving, Western Otsego needed help getting good health care to its students. A new school-based health center staffed by a nurse practitioner, a mental health worker and a pediatrician is making a difference.

Noted author, Lisabeth Schorr writes, "By the time adolescents actually drop out of school, become pregnant too soon, or are in serious trouble with the law, helping them to change course is a formidible, though not impossible, task. Adolescents in trouble can be effectively helped to make a successful transition to adulthood. Many need skills training coupled with intensive health, mental health, and other supportive services, interventions that are scandalously underfunded, even though we now know they are effective. There is no excuse for neglecting these youngsters, even after they have gotten into trouble. But we must recognize that earlier help would have been better help. The more long-standing the neglect, deprivation, and failure, the more difficult and costly the remedies."[5]

The Kid in the Hall

It is sometimes astounding to learn what actually keeps kids from attending class. When it comes to health issues in particular, it can be just as astonishing, and even troubling, to learn about how even simple health problems can sentence children to unhappiness, illness and disengagement from their schooling. The good news is that school-based health centers can help solve preventable situations like the one described here.

"Neal" is a 12 year old sixth grader typical of kids in New York's Western Otsego County. He is an average student with an intact family, but he faces difficulties common to life on the economic margins. Neal's parents are only intermittently employed and, as a result, not consistently insured for medical care. They smoke cigarettes at home and use kerosene heaters to heat their house. Both practices add up to a smoky home. Last year, as the weather turned colder, Neal began to cough a lot.

At school, Neal's coughing drew attention to him as a distraction to class. Frustrated with the noise Neal's coughing was making, his teachers began routinely asking him to leave the classroom and stand out in the hall. Neal would often stand in the hall by himself, watching his classmates through the door and listening to the hollow echo of his coughs pass along the deserted corridors. In spite of the severity of his condition — and the substantial number of classes, and even whole school days, he missed as a result — Neal never received any medical care for his coughing. Neal had no steady insurance, no medical home, no ally or friend.

In September, 1996, a school-based health center opened in Neal's school. As the chilly fall air again led to the use of heaters in Neal's home, he began another winter of coughing. This year, however, Neal was referred to the center's nurse practitioner, who suspected asthma. After an evaluation and an unresponsive test with a commonly effective asthma drug the nurse practitioner tried a number of other treatments and, eventually, an antibiotic. Neal responded well to the antibiotic; his coughing subsided and he was able to rejoin his class.

The center staff stayed with Neal after his first round of treatment. Once his initial coughing abated, they had him return to the health center to see if a regular treatment of asthma drugs would help him breathe more easily. The asthma medication didn't help, but the nurse practitioner was glad to have information that ruled out asthma as a cause. After then speaking with Neal about his home, the nurse practitioner learned about his parents' smoking and the kerosene heaters. The center has since been working with Neal's parents to educate them about the respiratory complications of living in a smoky environment. Today, his family and teachers are pleased to know that Neal will not spend another year as a kid in the hall.

Submitted by
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Background

Located in the Brandywine School District, the Concord Wellness Center in Wilmington, Delaware was established in November, 1994. The Wellness Center serves the suburban Concord High School's 1,000 student population, 70% of whom are enrolled for the school-based health center's services. Concord's staff consists of a physician, nurse practitioner, administrative assistant, social worker (who provides mental health care) and a dietitian. In addition, the school psychiatrist, while not on staff, shares space with the center.

All school-based health centers have a sponsoring agency, most commonly a local public health department (26.3%), a community health center (19.6%), a hospital (12.9%), a school system (11%) or a state public health department (8%).[6] More than 62% of centers also refer clients to some source of after-hours or emergency care.[7] In addition, although 42% of center users lack health insurance,[8] most centers actively refer students with insurance to their primary care physician. In fact, according to a recent survey of school-based health centers, at least 10 states actually set standards for off-site referral and community health and social services linkages to ensure a continuum of care beyond a school-based program's scope of services and operational hours.[9]

The Funny Gland

In addition to providing valuable preventive care themselves, school-based health centers give students access to back-up medical care through affiliated hospitals, private practice groups and public health departments. Moreover, centers serve as referral sites to the care providers that children already have, but often do not use. School-based health centers can link students in need of critical care, specialty care or emergency treatment to doctors or other community providers. By emphasizing screening and referral, school health centers have helped save the lives of students with serious illness, as described here.

During the 1995/96 school year, fifteen year old "Todd" walked into the Concord Wellness Center complaining of "a funny gland in his neck." The center's nurse practitioner examined Todd, determining that the "funny gland" he was describing was located on his clavicle. Concerned, she told him that a complete exam would be necessary. After a more extensive examination by the nurse practitioner, Todd was immediately referred to his primary care physician, with whom he had not previously discussed his problem. After a series of tests, Todd's primary care provider diagnosed him as having leukemia.

In order to help deal with the shock of discovering that he had such a severe disease, Todd sought grief counseling from the Concord Wellness Center's mental health worker. The center's mental health staff helped Todd through the rough periods of diagnosis and treatment. The fact that the center is conveniently located in the school allows Todd to come to it whenever he needs to discuss his illness, helping him feel that he has a support network and reducing his time of absence from class. Todd can see a counselor when he needs to and does not have to leave school or wait until a scheduled appointment to share his fears or discuss his diagnosis.

Todd has begun chemotherapy treatments and is able to attend school with the rest of his classmates. Thanks in part to the health center's quick examination and referral, his illness was caught early and Todd has a promising prognosis. The grief counseling that Todd receives has helped him understand his disease, and has also helped him and his family with the stresses associated with such a serious illness. Todd, his family, his doctor, and the school are relieved that the school-based health center was there to make a timely and appropriate referral and that the center continues to help Todd manage his ongoing recovery.

Submitted by:
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Background

The Valdez Elementary School's dental program began as a small idea. With the assistance of a part time health educator, the program began to grow — and to integrate with other activities taking place in the school. Many of the students at Valdez are recent immigrants to the United States; many have never received preventive health services. The population surrounding the school is comprised of low income, mainly Hispanic families faced with a number of barriers that limit their access to proper dental and health care.

Dental decay is the most prevalent disease experienced by children. By age seventeen, nearly 85 percent of all school children in the United States have experienced dental decay.[10] From 1988 to 1991, on average, even very young children 2-4 years of age had 1.2 decayed and filled primary tooth surfaces.[11]

Why My Students Swish and Swallow

The principal is the CEO of the school. No one is more concerned with students and no one is better placed to see to it that children receive appropriate school-based health care. Why do administrators care about child health?[12] Because they know that kids with health problems face challenges — preventable, treatable challenges — that keep them from academic achievement. This story of a school-wide dental program, told by José Perea, Principal of Valdez Elementary School in Denver, Colorado, illustrates why principals are increasingly interested in school-based health programs.

I am the principal of Valdez Elementary School. A while ago, our health educator, Estelle Meskin, a former dental hygienist, conducted an assessment to determine our health education needs. Estelle formally identified a growing problem that our school-based health center staff and I had already seen: there was a pressing need for dental health education and preventive services.

Last year, in cooperation with the Oral Health Division of the Colorado Department of Public Health and Environment, Estelle initiated a month-long program of dental health and screening. Our first grade teachers were trained to conduct a daily in-class tooth brushing program called *Swish and Swallow*. Dental hygiene students from the University of Colorado School of Dentistry provided a series of dental health education lessons in the classrooms and screened each first grader for dental caries, identifying teeth in need of immediate attention. In the program's second year, these children — now second graders — participate in a dental sealant project.

Estelle came to me one afternoon to speak about one of the first grade students in the *Swish and Swallow* program. Estelle informed me that "Maria" would not be participating in the program because her parents would not sign the consent form. (Maria's initial screening had revealed severe tooth decay.)

I decided to call Maria's parents. I explained to Maria's mother the wonderful opportunity that our school-based health center is providing. I witness young students on a daily basis who are in *such* need of both dental and medical care. Since most of our students come from low income families, the Valdez School-Based Health Center is their primary link to receiving health care. But sometimes things take time.

Only during the second year of operation did Maria's mother agree that her daughter could participate in *Swish and Swallow* — a decision that was well worth the effort of my phone calls. Maria, now a second grader, received dental sealants on her permanent first molars. Prior to the sealant application, Maria and the other students were shown a video to prepare them for the procedure. A mobile dental unit was set up in the school auditorium, and the sealants were applied by practicing dental hygienists.

By the end of our first *Swish and Swallow* program, close to 100 second graders at Valdez had received dental sealants, an excellent preventive measure which will result in a significant reduction of dental disease. Today, Maria practices her tooth brushing techniques, and her teeth have been protected from further dental decay. The location of the health center in the school enables students like Maria to receive proper health care that might normally have required them to miss a day of school — something I'm excited about, too! That's why I've asked Estelle to repeat the Swish and Swallow project for new first graders, and that's why I am always available to pick up the phone for Valdez School-Based Health Center.

Submitted by:
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Background

The goal of everyone working in school-based health centers is to improve the health, and the educational opportunities, of students. This basic aim is often put into "adult-ese" — the jargon-filled phrases that permeate both the health and educational communities. For example, school health centers are often defined something like this: "multi-agency partnerships to provide school-based or -linked comprehensive, quality, family-centered primary care delivery, management, referral and outreach to students and their siblings, minimally including, but not limited to, the following services: on-site primary and preventive care, mental health counseling, health promotion, referral and follow-up services." Of course, to their clients, such centers are simply about supportive adults and good care.

A number of local surveys show that students and their parents indicate a high satisfaction with school-based health center care. Perhaps as a result, the general public is supportive of health care in schools. A 1988 Harris Poll and a 1991 Roper Poll found that a majority of Americans surveyed (73% in 1988 and 64% in 1991) support the provision of health services in schools. More recently, a Gallup Poll conducted for Phi Delta Kappa demonstrated that 91% of respondents considered "serving the emotional and health needs of students" very important or somewhat important. (Only 3% considered this role not important at all.)[13]

Support Like You Wouldn't Believe

As the following story told by "Keesha" shows, in a world where students feel alone, scared, and ignorant (both of their own health status and the health care system) a sense of support and trust is a success unto itself. ("Keesha" is now a high school student; she reflects back on her middle school experiences at THAT Place, a Baltimore, MD center run by Mary Ann Knott.)

I first met "Dr. Knott" when I came to the middle school. (I know she's not a doctor, but I call her "Dr. Knott" out of respect.) I moved to Baltimore that year with my mother and my brother from the Eastern Shore of Maryland.

It was a hard transition and it seemed like there was always something bad happening to me that first year. I had a lot of sinus problems so I got registered at THAT Place. Over time, I became very close to the staff at THAT Place. It was so much more than a Health Suite to me. I felt that the people there were my friends and I could go talk to them — especially Ms. Knott — about anything!

One time my medical assistance got cut off and Ms. Knott kept taking care of me until it got straightened out. Sometimes I would go to her when I was upset — when something bad happened or when I was scared because I knew some kids were going to beat me up after school.

She always listened — and the best part was that she never *told* me what to do! She just talked with me and asked questions until I cried it out and figured out what I should do — and I always felt much better. My mom is an agoraphobic — she *never* goes out and I've had a lot of problems coping. Ms. Knott got me to a psychiatrist and gave me personal support like you wouldn't believe.

What risks has Ms. Knott taken on my behalf? A lot of things. If I needed a ride, she would bring me home — even though I live in an neighborhood that most people would consider dangerous. She did things for my benefit without regard to the costs to herself. She continued to see me as a patient — I hope I don't get her in trouble for this — and a friend — beyond when she was supposed to stop (when I left middle school) and I don't know what I would have done without her. She still calls me from time to time to see how I'm doing. She really cares.

Now I'm in high school — I'm a singer. My dream is to go to the Manhattan School of the Arts. At least I know I'll go to college or a conservatory. I have a good future. I am absolutely sure that if it weren't for "Dr. Knott," I wouldn't be where I am today!

Submitted by:
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Hearing Again

The U.S. enjoys specialty medical practice unequaled in the world, and yet we do not adequately focus on the preventive health needs of the public. Even for those with insurance — and nearly half of school-based health center clients do not have insurance or other access to care — our system's emphasis on specialized care over primary care, on acute over chronic care, too often discourages efforts to prevent disease or catch it early and eliminate the need for more costly and even stigmatizing services later on. As this story shows, school health centers focus on primary preventive care, and can do much to improve screening for common problems — such as ear infections.

Five year old "Anna" was seen by the school nurse at the Encanto School Health Center for a severe earache. Examination showed that the ear had drainage and that the eardrum appeared to have ruptured. Anna was immediately referred to the nurse practitioner, who was able to prescribe and administer necessary antibiotics. Anna's mother was called by a case worker, and explained to the case worker and nurse practitioner that her daughter had been experiencing ear infections and pain since the age of six months. The family had never been able to afford ongoing care and would use the hospital emergency room when Anna's pain became severe.

Anna was screened for hearing loss after the ear infection had cleared. Her hearing loss was severe and, with the help of the case management team, Anna was linked to free specialized care at Children's Rehabilitative Services. Anna needed surgery and received a tympanoplasty—corrective surgery of the eardrum—in both ears as a result of her referral.

Today, Anna is doing very well and is progressing noticeably in school. Her kindergarten teacher had thought that she was just shy and did not realize that Anna had extensive hearing loss prior to the operation. The school-based health center provided Anna and her family with fast assessment, treatment, and appropriate referral — and it alleviated pain and future problems for this promising little girl, successfully implementing its motto, "Healthy Children, Ready to Learn."

Submitted by:
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Background

The school-based health center at Phoenix, Arizona's Encanto Elementary School is operated by Osborn Health Partnership, a collaborative effort of St. Joseph's Hospital/Mercy Healthcare Arizona and Osborn School District. Recognizing that widespread poverty in the area was affecting children's health care, which in turn was affecting school attendance and performance, a local school nurse, district social worker and principal developed the Encanto model — one that has since been duplicated to serve all the district's elementary schools. Center staff includes: a school nurse, nurse practitioner, nurse case manager, and case workers. Primary health care is provided to all uninsured children and medical case management is offered to children who need improved access to care, regardless of insurance status.

According to Child Health USA '95, "In the United States today, the leading health risk for both children and adults is neither a disease nor a medical condition. It is poverty, which can affect nutrition, access to health care, and living conditions that are conducive to health. Poverty has steadily risen among children during the last three decades. Although children under age 18 represent just 26.2 percent of the total U.S. population, they constitute 38.4 percent of the nation's poor."[14]

Childhood ear problems can be severe. For example, otitis media — an often chronic problem — ranks among the top three reasons for all return visits for the care of previously treated problems in the U.S.[15]

Food For Thought

Childhood nutrition is often reported as a pressing issue in the United States. In this nation of unparalleled wealth, statistics tell a troubling tale of hunger, made worse by poverty and poor eating choices. It is all too easy to find statistics like those presented here. As tragic as these numbers are, there is a hidden side to childhood nutrition. Many young students simply eat poorly, gaining weight and losing self esteem during puberty. Confused about food and their bodies, unhappy and ostracized, they build a pattern of poor eating and poor self image related less to hunger than to ignorance.

Late in her sixth grade year, "Tammy" came to The Body Shop to talk about her weight problem. Tammy, entering puberty, was gaining weight and, "didn't like her body." As bad as her obviously poor nutritional choices was the fact that she found herself the butt of her classmates' jokes — Tammy's added weight made her portly ... and unhappy. As a result of her feelings, she ate more, paid little attention to the way she dressed, and didn't know what to do.

Sally Shook, the center's nutritionist talked with Tammy about why she was putting on weight and worked with her to create a food diary, detailing what she was consuming and when. The diary revealed that, among other things, Tammy was drinking nearly 1,200 calories a day in sweet tea. Together with her mother, Tammy and Sally worked out a more sensible diet for her, and cut out sweet tea.

Over the course of the next year, Tammy lost considerable weight and felt better on a better diet. That, however, was just the first step, cautioned The Body Shop staff: Tammy should think about getting outside more and exercising in a way she would enjoy. Tammy's mother got the family a dog and Tammy walked it daily. She also got a bike — the perfect exercise tool for any teenager. Every day. Tammy was more confident and she stuck to the program she and the health center had worked out.

Tammy's transformation was so noticeable that, with her permission — and her mother's — a local television station came to the school to interview Tammy. At the interview, Tammy realized that she was still dressing poorly — dirty jeans and ripped shirts. After seeing herself on the news, Tammy decided to make an effort to dress better, tucking in shirts, cleaning clothes. As one center staff member noted, "it was like she was going to leave us for Hollywood one day." The Body Shop saw Tammy's growing interest in the clothes and makeup her peers wore as a sign that she felt she, too, was attractive.

Through its no-nonsense, but sympathetic, approach to nutrition counseling, and its commitment to working with students and their parents, The Body Shop helped Tammy make a difference at school and at home in her diet, her fitness and her self-esteem.

Submitted by:
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Background

The Body Shop Student Health Center — a three-year-old school-based health center with a hip name — is located in Pittsboro, North Carolina at the Horton Middle School. In rural, conservative Chatham County, The Body Shop enrolled almost 94% of Horton's 630 students during the 1995/96 school year. The Body Shop, with an annual $80,000 budget, is a joint initiative of the Chatham County Boards of Health and Education and the Horton Middle School. The Center has a nurse, nutritionist, administrator, secretary, nurse practitioner and pediatrician on staff.

One out of every 8 children under age 12 in the U.S. is hungry.[16] Six million more are at risk of hunger because their families are experiencing food shortages.[17] Sixteen percent of all 10 year olds skip breakfast.[18] In addition, the percentage of seriously overweight children in the U.S. has doubled in the past 30 years, and, today, only 36 percent of school children attend daily physical education classes, due in part to school budget cuts eliminating PE.[19]

Seeing Is Believing

Some of the most important care children need in order to be ready to learn at school is also the most basic. Every educator knows that if a student is hungry, sick, or has trouble hearing or seeing that they will be less likely to focus on the daily lesson. Sometimes all it takes to make a profound difference in a child's health, happiness and academic success is a pair of eyeglasses.

Nine year old "Karina" came into San Jose's Franklin McKinley Student Health Center because she was experiencing frequent headaches over a period of months. Mystified, Karina's parents were worried about her headaches, which had become so bad that her mother began keeping her at home on the worst occasions rather than sending her to school. Partly as a result, Karina's grades began to drop, making her sad and distressing her parents and teachers alike.

Once the center staff saw Karina they discovered that she was unable to pass the vision test and, in fact, she had very poor eyesight. A staff member at the school-based health center decided to conduct a complete physical exam for Karina and then referred her to an ophthalmologist through the Early and Periodic Screening, Diagnosis and Treatment program (known also in California as the Child Health and Disability Program).

As a part of its post-visit follow up, the school-based health center called Karina's parents to learn how her referral visit went. Her parents reported that Karina was diagnosed as requiring prescription glasses, which she received soon after her appointment. Since she started wearing glasses, Karina's headaches have disappeared, she began attending school again every day, and her grades have started to improve.

Submitted by:
Nancy Shardell, Manager, School Health Centers
Good Samaritan Health System, San Jose, CA 95112 (408) 280-2171

Background

Franklin McKinley Student Health Center is located in a San Jose school district serving 10,643 students. More than 50 percent of the district's students are Hispanic, and almost 30 percent are Asian; many students are immigrants and have never had access to health care. During the 1995/96 school year, the center had 2,301 visits, the majority of which were for acute or chronic care.

According to the American Optometric Association, nearsightedness affects about 3 percent of five to nine year olds; 8 percent of ten to twelve year olds; and 16 percent of teenagers. The Association estimates that 1 out of every 8 children ages five to twelve wears eyeglasses (12.5%).[20] Common complaints associated with poor eyesight include: headaches, nausea and dizziness; burning or itching eyes; and blurred or double vision. Eye problems, including myopia (nearsightedness), infections and visual processing disorders can cause or aggravate learning problems.

Background

The Widen Elementary School in Austin, Texas has been host to a school-based health center for the past four years. The center is staffed by a registered nurse, social worker, and administrative assistant. The center is a partnership between the Austin Independent School District and the Austin/ Travis County Health and Human Services Department and currently serves approximately 1,000 elementary school students.

School-based health centers are an inexpensive and cost-efficient way to care for the health needs of students. They offer alternatives to misuse of higher-cost care settings, such as emergency rooms. According to the DC-based Support Center for School-Based and School-Linked Health Care, the average annual cost for operating a primary grade school health center is $67,194,[21] with a median cost of $48 per student visit. By contrast, one recent study placed an average non-urgent emergency room visit cost at $62 — roughly similar to the cost of a visit to a private physician's office.[22] (Notable, too, is the fact that, for the uninsured, the costs of uncompensated ER care are passed along, through higher charges, to patients who have the means to pay for their care, possibly amounting to as much as $7 billion per year.)[23]

A Broken Heart

School-based health centers are especially designed to provide primary and preventive care for the numerous ailments and illnesses that affect young students. However, their unique location and accessibility also help them serve the critical care needs that students sometimes — even unknowingly — require. This story, told by the District Manager of School-Based Health Centers in Austin, illustrates how one center was able to facilitate serious treatment for a rare and potentially fatal disease discovered during a routine physical.

During a routine Early and Periodic Screening, Diagnosis and Treatment (EPSDT) examination of students conducted by Widen Elementary's health center, nine year old "Jose" was found to have high blood pressure. Subsequent inquiry into his recent health behavior revealed that Jose had been vomiting and experiencing severe headaches. Realizing that Jose — who met the center's definition for a "high crisis" student — was severely ill with hypertension and recognizing his need for immediate attention, the center's nurse referred him to a local primary care provider who could perform a more specialized exam.

Upon examination by the primary care provider, Jose was diagnosed with an abdominal "coarctation of the aorta" — a rare and life-threatening congenial heart defect that often requires surgery and is commonly discovered during infancy. The school-based health center staff stayed in contact with the primary care provider and the specialist Jose was subsequently referred to. Because Jose's situation was rare, the Austin-based specialist decided to refer Jose to Detroit, Michigan for his surgery. The staff helped Jose and his parents understand the course of evaluation and treatment recommendations.

After successful surgery, Jose required two weeks of home care, which the center case managed. During his recovery, the health center staff taught Jose's parents the proper procedures for checking their son's blood pressure daily and educated them and the school faculty about his disease, identifying which symptoms should prompt a phone call to the center or an emergency room.

Today, Jose is gaining weight and growing stronger — moreover, his daily medication requirement has been lessened. Jose's teachers report that he is active in the classroom and obviously improving every day.

Submitted by:
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Background

The school-based mental health program at Westport School in Baltimore, Maryland is staffed by one clinician — supplied by the University of Maryland's Deprtament of Psychiatry — who works five days a week during school hours. Westport School is a combined elementary/middle school with 870 students from the Westport community, a violence-prone, drug infested, socially and economically marginalized area in Baltimore's southwest corridor. Eighty-seven percent of Westport's students qualified for free lunch last year.

Violence in the United States is on the rise. The 1991 homicide rate for young men in this country was 66% higher than the rate reported in 1987.[24] The Federal Bureau of Investigation estimates that in the United States 1.8 million people are victims of violence each year,[25] including 400 children each month who die from gun violence.[26] Violence not only affects children on our streets, but also in their homes and their schools. In 1993, there were more than one million substantiated cases of child abuse[27] and in the same year the U.S. Department of Justice reported three million crimes on or near school campuses.[28]

"I Wanna Shoot Him"

Recently, Harvard University's Richard Weissbourd wrote these compelling words: "Bitter and fatalistic as Americans have become about the nation's efforts to help children — and serious as the problems are with our current system of care — the reality is that there are institutions and programs across the country that are dramatically changing the prospects of vulnerable children and families. These institutions are taking prevention seriously — they are working to ensure that children receive the basic ingredients of sturdy growth — and they are keeping problems from spiraling out of control."[29] School-based mental health programs are one of the ways the education and health care sectors can keep problems from spiraling out of control for kids who would otherwise succeed.

"LeVon," a 9 year old boy with bright eyes and a quick wit, lives in Baltimore, Maryland's Westport neighborhood. But LeVon's eyes have not always been so bright and his sharp mind was only recently clouded with anger and frustration.

Last year, LeVon was at home on a weekend afternoon and heard shots ring out in the alley behind his family's home. Knowing that his brother hung out with his gang nearby, LeVon ran outside in time to see his older sibling bleeding to death from a gunshot wound. He watched the ambulance come. He watched his brother loaded inside. But he never saw his brother again.

Following his brother's death, LeVon began to have trouble in school. He became unable to focus on class, and his enormous sorrow turned into an anger that showed up in everything he did. As LeVon's behavior started to translate into school failure, his mother even found herself losing touch with her remaining son, who began to fantasize about getting a gun and avenging his brother's murder himself. When LeVon — who knew the killer was at large in his community — announced at school, "I wanna shoot him," the school-based center brought him in to talk with its mental health counselor.

For a year and a half, the counselor met with LeVon once per week to talk about the tragedy and how he was feeling about it. In addition, a lunch support group of LeVon's friends was brought together regularly. At both the individual and group sessions LeVon freely spoke up: he expressed his anger, shared his sense of loss and reenacted what happened in the alley. As time passed, he noticeably drew on the affection and advice his friends had for him. He told the counselor that his brother would want him to be happy, not sad, and that he wouldn't want LeVon to get mixed up with drugs because he wouldn't want him to die, too. LeVon's relationship with his mother, a spiritual woman, improved again as well. LeVon related that he and his mother prayed about his brother together and that he felt his brother had even come to visit him to make sure he was ok — something that he found very comforting.

As a result of the school-based health center's work to facilitate support from a mental health counselor, encourage help from his friends and mother, secure understanding and positive feedback from his teachers and respect his religious tradition, LeVon is today functioning well at school. His anger has diffused, he is focussing on class work and he remembers his brother fondly. The center considers it a great success that this student — a bright child with good potential and a close and caring adult in his life — was not lost to the tragedy and pressures that mark the daily life of his surrounding community. As one staffer put it, "A bright but angry child can slip into becoming a leader on the street and a loser in the school. LeVon turned that around with the help of the center."

Submitted by:
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A Word on Evaluating School-Based Health Center Programs

What is an Evaluation?
According to the Support Center for School-Based and School-Linked Health Centers, an evaluation is, "a process used by staff or other interested parties to assess the operations and effectiveness of a program. It consists of four stages: a needs assesment or baseline data collection phase, data collection during or after the program, analysis of data and application of results."[30]

Why Evaluate?
In today's world of devolving political authority, shrinking budgets and emphasis on outcomes, all programs must pay increased attention to proving their effectiveness. Evaluation efforts can range from using anecdotal information to demonstrate impact to elaborate quantitative studies to document changes in client behavior or health status. But, while the forms vary in scope and scientific rigor, every school-based health center should be assessing itself with some kind of evaluation.

Evaluation is not just a necessity of operating in the current financing environment; it can act as effective public relations as well. Clear, concise descriptions of how enrollment has grown, how much absenteeism has dropped or how health status of students has improved are powerful tools when it comes to writing grant proposals, convincing the new principal to keep the health center operating, garnering support from lawmakers, or just responding to inquiries from organizations in the community. It is NHEC's experience that many school-based health center personnel are too busy serving children to document the facts and stories unique to their center — facts and stories that are ultimately essential to the center's long-term survival and growth.

Health center staff need not try to conduct an extensive evaluation on their own. Often, a school system, local health department or area college/university can provide existing baseline data on the community's health status and educational outcomes or actually assist in collecting and/or analyzing the data.

What to Evaluate
Be sure to target your evaluation efforts toward your health center's stated goals. Do you aim to reduce absenteeism, improve access to primary health care, or improve faculty wellness? Then address the progress you are making toward these goals. Common measures of effectivenes include: stories of helpful treatment; evidence of satisfaction from parents, teachers and the principal; increasing enrollment; utilization of the clinic; cost and reimbursement data; extent of referral; and — more difficult, but essential — improvement in health status and academic status.

For Further Reading:

A Guide to School-Based and School-Linked Health Centers, Volume IV: Assessing and Evaluating School Health Centers. Produced in 1995 by the Washington, DC-based Support Center for School-Based and School-Linked Health Centers of Advocates for Youth. This guide is a step-by-step, jargon-free primer on evaluation written for school clinic personnel. Available for $12.95 plus 20% shipping/handling by calling (202)347-5700.

Dryfoos, Joy; Claire Brindis and David Kaplan. "Research and Evaluation in School-Based Health Care." In *Adolescent Medicine: State of the Art Reviews* — Vol. 7, No. 2, June 1996. Linda Juszczak and Martin Fisher, Ed.s. Reviews the state-of-the-art in school-based health center evaluation, addressing current findings, limitations of today's research, future research needs and recommended evaluation approaches. Includes a bibliography. Available from the Philadelphia publisher, Hanley & Belfus, for $33 plus shipping/handling by faxing (215) 790-9330.

Larson, Teri. *The Picture of Health: State and Community Leaders on School-Based Health Care*. Produced by the Washington, DC-based Making the Grade in 1997, this report chronicles the supportive statements of national and state leaders regarding school clinics. Available for free with a written request; send requests to Making the Grade, 1350 Connecticut Avenue, NW, Suite 505, Washington, DC 20036.

Nancy Shardell, of Good Samaritan Health System in San Jose, California manages a number of school-based health centers, serving kids from elementary to high school age. To ensure that she has plenty of stories to tell in her annual report each year, Nancy asks each of the staff members at the school-based health centers to give her five "Good News" stories each year. As they see a success, staff are encouraged to write a simple, brief description of what happened and who was helped and to send the story to Nancy. This ensures that the staff jot the story down while it is fresh in their minds rather than trying to remember it much later when the annual report is being prepared. Then, protecting confidentiality, Nancy chooses selected stories to add flavor to the statistics presented to the centers' sponsors at the end of each year. This easy "Good News" program can work for every school-based health center!

Endnotes

[1]Burt, Catherine, and Deanne Knapp. "Ambulatory Care Visits for Asthma: United States, 1993-94." *Advance Data*, No. 277, Sept. 27, 1996. Atlanta: Centers for Disease Control and Prevention, National Center for Health Statistics.

[2]*Years of Promise: A Comprehensive Learning Strategy for America's Children*. New York: Carnegie Corporation of New York, 1996.

[3]*Managing Asthma: A Guide for Schools*. Washington, D.C.: National Health, Lung and Blood Institute (National Institutes of Health, U.S. Department of Health and Human Services) and Fund for the Improvement of Reform of Schools and Teaching (Office of Educational Research and Improvement, U.S. Department of Education), 1991. NIH Publication No. 91-2650.

[4]A nebulizer — a small machine with a tube and mouthpiece — allows asthma sufferers to breathe in a medicinal vapor that dilates the bronchial tubes. Treatments, which may occur over several days, usually last for 15 – 20 minutes.

[5]Schorr, Lisabeth, and Daniel Schorr. *Within Our Reach: Breaking the Cycle of Disadvantage*. New York: Doubleday, 1988. P. xxvii.

[6]McKinney, Debra Hauser and Geri Lynn Peak. *School-Based and School-Linked Health Centers: Update 1994*. Washington, DC: Advocates for Youth, 1995.

[7]*School-Based and School-Linked Health Centers: Update 1994*.

[8]*School-Based and School-Linked Health Centers: Update 1994*.

[9]Schlitt, John, Kamala Rickett, Lisa Montgomery, and Julia Lear. *State Initiatives to Support School-Based Health Centers: A National Survey*. Washington, DC: Making the Grade: State and Local Partnerships to Establish School-Based Health Centers, 1994.

[10]Edelstein BL and Douglass CS. "Dispelling the Myth that 50 Percent of U.S. Schoolchildren Have Never Had a Cavity." *Pub Health Reports* 1995; 110:522-30.

[11]*Child Health USA '95*. Washington, DC: Maternal and Child Health Bureau (Health Resources & Services Administration, Public Health Service, U.S. Department of Health & Human Services), 1996.

[12]A host of national, state and community leaders care about school-based health. For an accounting of what leaders themselves say about why they value health in schools, please see the following publication, which provides a nice complement to NHEC's *Success Stories*: Larson, Terri. *The Picture of Health: State and Local Leaders on School-Based Health Care*. Washington, DC: Making the Grade, 1996.

[13]Elam, Stanley and Lowell Rose. "The 27th Annual Phi Delta Kappa/Gallup Poll of the Public's Attitudes Toward the Public Schools." *Phi Delta Kappan*, September 1995. Bloomington: Phi Delta Kappa, 1995.

[14]*Child Health USA '95*.

[15]"Ambulatory Care Visits for Asthma: United States, 1993-94."

[16]*A Survey of Childhood Hunger in the United States*. Washington, DC: Food Research and Action Center, 1991.

[17]*A Survey of Childhood Hunger in the United States*.

[18]Nicklas, Theresa; Bao, W.; Webber, L. and Berenson, G. "Breakfast Consumption Affects Adequacy of Total Daily Intake." *Journal of the American Dietetic Association* 93 (8): 886-891. Chicago: American Dietetic Association, 1993.

[19]Joyner, Florence G. and Tom McMillen. "Children's Fitness is PCPFS Priority." *President's Council on Physical Fitness and Sports Newsletter* 95.4 (1995): 2. Washington, DC: President's Council on Physical Fitness and Sports.

[20]"School-Aged Children's Eye Health and Eyesight." *Writer's Resource* newsbrief. St. Louis: American Optometric Association, 1991.

[21]*School-Based and School-Linked Health Centers: Update 1994*.

[22]Williams, Robert M. "The Costs of Visits to Emergency Departments." *New England Journal of Medicine* 1996;334:642-6.

[23]"The Costs of Visits to Emergency Departments."

[24]United States, Department of Justice, Federal Bureau of Investigation. *FBI Uniform Crime Reports: Crime in the United States*. Washington, DC: US Department of Justice, 1993.

[25]*FBI Uniform Crime Reports*.

[26]Horowitz, Josh. Interview. Education Fund to End Handgun Violence, 1994.

[27]*Current Trends in Child Abuse Reporting and Fatalities*. Chicago, IL: National Committee to Prevent Child Abuse, 1994.

[28]*News Release*. Washington, DC: US Department of Justice, May 1993.

[29]Weissbourd, Richard. *The Vulnerable Child: What Really Hurts America's Children and What We Can Do About It*. Reading, MA: Addison-Wesley, 1996.

[30]*A Guide to School-Based and School-Linked Health Centers, Volume IV: Assessing and Evaluating School Health Centers*. Washington, DC: Advocates for Youth (Support Center for School-Based and School-Linked Health Centers), 1995.

APPENDIX A

NHEC Membership

American Academy of Family Physicians

American Academy of Pediatrics

American Association of Colleges for Teacher Education

American Association of School Administrators

American College of Nurse-Midwives

American College of Obstetricians and Gynecologists

American Dental Association

American Federation of Teachers

American Hospital Association

American Indian Health Care Association

American Medical Association

American Nurses Association

American Psychological Association

American Public Health Association

American School Food Service Association

American School Health Association

American Speech-Language-Hearing Association

Association for the Care of Children's Health

Association for Supervision and Curriculum Development

Association of American Medical Colleges

Association of Maternal and Child Health Programs

Association of Schools of Public Health

Association of State and Territorial Dental Directors

Association of State and Territorial Health Officials

Association of Women's Health, Obstetric and Neonatal Nurses

Council of Chief State School Officers

Council of the Great City Schools

Healthy Mothers, Healthy Babies Coalition

National Alliance of Black School Educators

National Association for Asian & Pacific American Education

National Association for the Education of Young Children

National Association of Children's Hospitals and Related Institutions

National Association of Community Health Centers

National Association of Elementary School Principals

National Association of Hispanic Nurses

National Association of Partners in Education

National Association of Pediatric Nurse Associates and Practitioners

National Association of School Nurses, Inc.

National Association of Secondary School Principals

National Association of Social Workers, Inc.

National Association of State Boards of Education

National Association of State School Nurse Consultants

National Association of WIC Directors

National Black Nurses' Association

National Coalition of Hispanic Health and Human Services Organizations (COSSMHO)

National Community Education Association

National Education Association

National Head Start Association

National Indian Education Association

National Medical Association

National Mental Health Association

National Perinatal Association

The National PTA (National Congress of Parents and Teachers)

National Rural Health Association

National School Boards Association

National School Public Relations Association

Society for Neuroscience

Zero to Three/National Center for Infants, Toddlers and Families

NHEC Overview

The health and education of children are inextricably linked. Yet, for a variety of historical and societal reasons, these two critical facets of children's development have been separated. As a result, society finds itself either concerned about the "health" of children or the "education" of children, but is all-too-rarely aware of how the two fields are interdependent.

In 1990, in recognition of the need for better integration of health and education programs for children in this country, the National Health & Education Consortium (NHEC) was established by the National Commission to Prevent Infant Mortality and the Institute for Educational Leadership with core financial support from the Prudential Foundation. As a result of this special partnership, NHEC, from its inception, was a public/private partnership grounded in both the education and health communities.

NHEC now brings together 58 national health *and* education professional member associations, representing some 12 million constituents, to design strategies to better coordinate health and education services and programs. It does not represent any particular special interest group, but uniquely can mobilize the collective influence of national membership associations on behalf of its mission.

The National Health & Education Consortium contends that children must be healthy to be able to learn, and that they must be educated to keep themselves healthy for a lifetime.

NHEC's goals are:

- to strengthen communication and dissemination of information between health and education practitioners and policy makers;
- to identify exemplary program models and practices which more effectively integrate health and education services; and
- to improve public policy by addressing the need for a better coordinated health and education delivery system.

To accomplish its mission, NHEC links and convenes its members; produces publications on various topics relating to collaboration between the health and education communities; provides training and technical assistance to federal, state and local leaders to promote collaborative efforts at all levels of government and in the private sector; and operates a number of special programs.

NATIONAL HEALTH & EDUCATION CONSORTIUM
PUBLICATION LIST AND ORDER FORM

Please indicate the number of publications requested in the spaces provided.

___ ***Success Stories: How School Health Centers Make a Difference*** (Special Report) — This collection of stories from the field vividly illustrates who school health centers help and how they do it. Examples of success with asthma, ear infections, dental care, mental health and more are told by practitioners, educators, doctors, and students. (1997, $15.00)

___ ***The Evolution of Financing: One School Health Center's Success Story*** (Special Report) — Reviews one center's 20 year financial history to provide an example of how often and how notably the sources of support for school-based health services delivery can change. (1996, $5.00)

___ ***A Capitol Idea? Earmarking Alcohol, Tobacco and Gaming Revenue to Support Children's Education and Health Programs*** (Special Report) — In either book or audiocassette format, provides information on the history of earmarking and the extent to which earmarked funds are used to support health and education services. State-by-state information is provided. (1996, Book - $15, Audiocassette - $7.50)

___ ***New Americans, New Needs: A Resource Guide on How Educators and Health Care Providers Can Help Immigrants and Refugees Better Utilize the U.S. Health Care and Education Systems*** (Special Report) — This resource guide provides the education and health communities with a basic understanding of the changing demographics of the U.S. and lists organizations and publications available to assist professionals seeking information on how to better understand and serve the needs of immigrant children and families. (1996, $7.50)

___ ***Where The Kids Are: How to Work with Schools to Create Elementary School-Based Health Centers, A Primer for Health Professionals*** (Special Report) — Targeted to health providers who want to work with educators, the report provides an introduction to school staffing, funding and policy. Includes information on the rationale for elementary health centers and contact names for successful programs. (1995,$15)

___ ***Hidden Casualties: The Relationship Between Violence and Learning*** (Special Report) — Deborah Prothrow-Stith and Sher Quaday of the Harvard School of Public Health take a developmental approach to explore the impact of violence on a child's receptivity to education and ability to learn. (1995,$10)

___ ***The Invisible Disability: Understanding Learning Disabilities in the Context of Health and Education*** (Occasional Paper # 11) — Noted developmental pediatrician, Dr. Pasquale Accardo, examines the roles that the medical/health and education communities can and must play to enable children with learning disabilities to achieve to their maximum learning potential. (1995,$7.50)

___ ***The Big Red How-To Guide: Planning a Health Fair for Children and Families*** (Training Material) — Provides step-by-step guidance on planning and implementing a local health fair in a reusable workbook that can be expanded to include local materials. (1996,$15)

___ ***Starting Young: School-Based Health Centers at the Elementary Level*** (Special Report) — Provides historical and current info. on school-based health care with additional info. on staffing patterns, funding, and the value of preventive health care to elementary age children; produced in collaboration with the National Association of Elementary School Principals. (1995,$10)

___ ***Putting Children First: State-Level Collaboration Between Education and Health*** (Special Report) — Describes interventions used in four pilot states (Florida, Maryland, New Mexico and Texas) to promote collaboration between the health and education sectors; provides suggestions to state leaders working to foster similar collaborative relationships. (1995,$10)

___ ***Fetal Alcohol Syndrome: The Impact on Children's Ability to Learn*** (Occasional Paper #10) — Examines the root causes and consequences of Fetal Alcohol Syndrome and its impact on a child's ability to learn; describes some innovative programs and suggests recommendations for action; produced in collaboration with the Children of Alcoholics Foundation. (1994,$5)

___ ***School Nursing: Trends for the Future*** (Occasional Paper #9) — Carole Passarelli of the Yale School of Nursing highlights the increased need for school health nurses — providing recommendations for the best use of these essential professionals, illustrating various settings in which school nurses play an integral role, and describing progressive school nurse programs that are currently at work. (1993,$5)

___ ***Eat to Learn, Learn to Eat: The Link Between Nutrition and Learning in Children*** (Special Report, Occasional Paper #7) — This special report provides an overview of the link between nutrition and learning in children. It also describes the successes and limitations of public and private child nutrition programs. The report suggests action steps that can be taken to improve the nutritional status in children so they can be healthy and ready to learn. (1993,$10)

___ ***Bridging the Gap: An Education Primer for Health Professionals and Bridging the Gap: An Health Care Primer for Education Professionals*** (Special Report) — This two-part primer describes the health and education systems and how professionals from both fields can work with each other. (1992,$12)

___ ***Help Me Learn, Help Me Grow*** (Training Materials) - A bilingual, multi-media, parent awareness project. Materials are designed to be administered by professionals to help educate parents on the link between their child's health and education. [Starter Set - 1 video (Spanish or English), 40 posters/primers (Spanish, English, or mixed), 20 magnet/notepad sets, 1 community action guide - $28 - note: circle desired language of materials] Items are also sold individually.

- A list of publications produced prior to 1992 can be obtained by contacting the NHEC offices.
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